

Sample Script and FAQs for Telephone Interviewers [English]

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Instructions for Vendor

- The sample script provided in this document is meant to be used with the questions in the CAHPS In-Center Hemodialysis Survey.
- If you plan to include supplemental items in your questionnaire, insert them at the end of the instrument. Like the core items, these should be adapted to the format for telephone administration.
- All questions should include a “DON’T KNOW” and “REFUSED” response option, either in a CATI program or on the interviewer’s manual notation sheet. Unless otherwise noted, “DK” and “REF” responses should follow the same skip pattern as the “NO” response option.
- Words in {UPPERCASE LETTERS AND ENCLOSED IN BRACES} are fields that contain variables that should be filled in by CATI programming or by the interviewer from the case file.
- The telephone script should omit the last three questions of the core questionnaires that ask about receiving assistance. These are not included because telephone interviews should not be done with proxy respondents.

Instructions for Interviewer

- Interviewer instructions appear in [UPPERCASE LETTERS ENCLOSED IN BRACKETS].
- Text in UPPERCASE LETTERS should not be read aloud. For example, “DK” and “REF” answer categories appear in uppercase and should not be read to the respondent, but may be used for coding a response.
- Interviewers should read aloud all text that appears in **bold, lowercase letters**.
- Interviewers should emphasize text that is underlined.

Sample Telephone Script

Hello, my name is {INTERVIEWER NAME} and I am calling from {NAME OF ORGANIZATION/VENDOR}. May I please speak to {MR./MRS. LAST NAME}?

[IF R ANSWERS PHONE OR COMES TO PHONE, GO TO 1.]

[IF R IS NOT AVAILABLE OR NOT HOME:] **When would be a good time to call {MR./MRS. LAST NAME} back?**

[IF DON'T KNOW, SCHEDULE SOFT CALLBACK FOR DIFFERENT DAY/TIME.]

[IF INFORMANT OFFERS DAY/TIME, SCHEDULE CALLBACK APPOINTMENT.]

1. **Hello {MR./MRS. LAST NAME}. My name is {INTERVIEWER NAME} and I'm calling from the {NAME OF PROJECT}, which is a research study that collects information on patients' experiences with their dialysis care. We recently sent you a letter letting you know that you had been selected to participate in a telephone interview about your experiences as a patient at {NAME OF DIALYSIS FACILITY}. Did you receive the letter we recently mailed to you?**

[IF R RECEIVED MAILING, GO TO 2.]

[IF R DID NOT RECEIVE MAILING, GO TO 3.]

2. **Do you have any questions or concerns about participating in this study that I can answer for you at this time?**

[ANSWER ANY QUESTIONS THE RESPONDENT MAY HAVE, THEN READ STATEMENT BELOW.]

Before we get started, let me tell you a little more about what we are asking you to do. The telephone interview will take about {NUMBER OF MINUTES} minutes of your time and will focus on your experiences with your dialysis care. I will ask you questions about your kidney doctor, the dialysis center staff, and your dialysis center. Everything you tell me will be kept confidential. {NAME OF ORGANIZATION/VENDOR} will not release any information that identifies you to anyone without your prior consent, except as required by law. The information you give during the interview will be used only for research purposes. You may choose to participate or not. If you choose not to, this will not affect the care you receive.

Once we start the interview, you can refuse to answer any question you don't want to answer. Just tell me and we will skip to the next one. If, after we start the interview, you need to take a break or need to stop the interview for any reason, just let me know.

Is this a good time to do the interview?

[IF R REFUSES:

- ATTEMPT TO ADDRESS CONCERNS AND CONVERT REFUSAL;
- SEE IF R WOULD BE WILLING TO SCHEDULE APPOINTMENT FOR ANOTHER TIME; OR
- HAVE SUPERVISOR CALL IF NECESSARY.
COMPLETE REFUSAL/BREAKOFF FORM.]

[IF R WANTS TO GET ANOTHER COPY OF LETTER BEFORE PARTICIPATING:]

Let me confirm your mailing address. The address I have is {ADDRESS}. Is that correct?

[IF YES:] **Great. I'll send the information to you and try to call back in about a week. Is there a day or time that works better for you?** [SCHEDULE CALLBACK APPOINTMENT.]

[IF NO:] **What is the correct mailing address?** [RECORD ADDRESS] **Thank you. I'll send the information to you and try to call back in about a week. Is there a day or time that works better for you?** [SCHEDULE CALLBACK APPOINTMENT.]

[IF R INDICATES THAT IT IS NOT A GOOD TIME:] **Is there a day and time that would be more convenient for you?** [SCHEDULE CALLBACK APPOINTMENT.]

[IF YES:] **That's great. Thank you. Before we get started I just want to remind you that, if you need to take a break or stop the survey for whatever reason, just let me know.** [IF THERE IS A SUPERVISOR MONITORING, INCLUDE THE FOLLOWING:] **Also, for the purposes of quality control, my supervisor may monitor this call.**

[START SURVEY]

3. [IF {NAME} DID NOT RECEIVE THE MAILING:] **I would be happy to mail you the letter again if you like. Let me confirm your mailing address. The address I have is {ADDRESS}. Is that correct?**

[IF YES:] **Great. I'll send you the letter again.** [GO TO 4.]

[IF NO:] **What is the correct mailing address?** [RECORD ADDRESS] **Thank you. I'll send you the letter again.** [GO TO 4.]

4. **Since I have you on the phone right now, may I take a few moments to tell you about the study?**

[IF R REFUSES:

- ATTEMPT TO ADDRESS CONCERNS AND CONVERT REFUSAL; OR
- SEE IF R WOULD BE WILLING TO SCHEDULE APPOINTMENT FOR ANOTHER TIME.
COMPLETE REFUSAL/BREAKOFF FORM.]

[IF R INDICATES THAT IT IS NOT A GOOD TIME:] **Is there a day and time that would be more convenient for you?** [SCHEDULE CALLBACK APPOINTMENT.]

[IF YES:] **You are part of a sample of {NUMBER OF PATIENTS} dialysis patients who have been selected to take part in this study. Participation involves completing a telephone interview about the dialysis care you receive at {NAME OF FACILITY}. This study is being conducted by {NAME/DESCRIPTION OF VENDOR/DATA COLLECTION ORGANIZATION}. It is being funded by the {NAME/DESCRIPTION OF SPONSOR ORGANIZATION}. The goal of this study is to collect information on dialysis patients' experiences with the health care they receive. This information will help dialysis centers and kidney doctors improve the quality of services they provide dialysis patients.**

The telephone interview will take about {NUMBER OF MINUTES} minutes of your time and will focus on your experiences with your dialysis care. I will ask you questions about your kidney doctor, the dialysis center staff, and your dialysis center. Everything you tell me will be kept confidential. {NAME OF VENDOR} will not release any information that identifies you to anyone without your prior consent, except as required by law. The information you give during the interview will be used only for research purposes. You may choose to participate or not. If you choose not to, this will not affect the care you receive.

Once we start the interview, you can refuse to answer any question you don't want to answer. Just tell me and we will skip to the next one. If, after we start the interview, you need to take a break or need to stop the interview for any reason, just let me know.

We hope you will take this chance to talk to us about your dialysis care.

Is this a good time to do the interview?

[IF R REFUSES:

- **ATTEMPT TO ADDRESS CONCERNS AND CONVERT REFUSAL;**
 - **SEE IF R WOULD BE WILLING TO SCHEDULE APPOINTMENT FOR ANOTHER TIME; OR**
 - **HAVE SUPERVISOR CALL IF NECESSARY.**
- COMPLETE REFUSAL/BREAKOFF FORM.]**

[IF R INDICATES THAT IT IS NOT A GOOD TIME:] **Is there a day and time that would be more convenient for you?** [SCHEDULE CALLBACK APPOINTMENT.]

[IF YES:] **That's great. Thank you. Before we get started I just want to remind you that, if you need to take a break or stop the survey for whatever reason, just let me know. [IF THERE IS A SUPERVISOR MONITORING, INCLUDE THE FOLLOWING:] Also, for the purposes of quality control, my supervisor may monitor this call.**

[START SURVEY]

Frequently Asked Questions and Sample Responses¹

1. Why are you doing this study?

[PROVIDE A RESPONSE APPROPRIATE TO YOUR STUDY; SEE THE FOLLOWING FOR AN EXAMPLE.]

The purpose of this survey is to learn more about patients' experience with the dialysis care they receive. The results from this study will help the Centers for Medicare & Medicaid Services (CMS) and the dialysis facilities participating in this study to improve the quality of care for hemodialysis patients.

2. Who is funding this study?

[PROVIDE A RESPONSE APPROPRIATE TO YOUR STUDY; SEE THE FOLLOWING FOR AN EXAMPLE.]

The funding for this study comes from the Department of Health and Human Services through the Agency for Healthcare Research and Quality (AHRQ), a Federal agency that conducts research on health care and quality.

3. How are the results of this study going to be used?

[PROVIDE A RESPONSE APPROPRIATE TO YOUR STUDY; SEE THE FOLLOWING FOR AN EXAMPLE.]

The results of this study will be used only for research purposes. The results of the study will help the Centers for Medicare & Medicaid Services and the dialysis centers that are participating in the study improve the quality of care for hemodialysis patients.

4. How was I selected for this study?

[PROVIDE A RESPONSE APPROPRIATE TO YOUR STUDY; SEE THE FOLLOWING FOR AN EXAMPLE.]

We randomly selected over 30 dialysis facilities across the United States to be included in this study. We then randomly selected over 3,000 patients from these facilities to be invited to participate in this study. We hope that you will take this opportunity to share information about your dialysis care with us.

¹ Sample responses are based on responses provided during the pilot testing of this survey by the CAHPS Consortium.

5. Do I have to do this?

Your participation is completely voluntary; however, we hope you will agree to participate. This study gives you an opportunity to tell us about your dialysis care. If there are any questions that you don't feel comfortable answering, you can just tell me and we can skip to the next one.

6. How long will this take?

The telephone survey is expected to take about [NUMBER OF MINUTES] minutes. We can do part of the survey now and part of it later, or we can take a break any time you feel you need one. If this isn't a good time, I would be happy to schedule an appointment to call you back at a more convenient time.

7. What do I get for participating?

[IF THERE IS COMPENSATION/INCENTIVE INVOLVED, PROVIDE AN APPROPRIATE RESPONSE; OTHERWISE, YOU MAY USE THE FOLLOWING RESPONSE.]

Although you will not receive any direct benefit from participating in this study, this study does give you an opportunity to tell us about your experiences with the dialysis care you receive. This information will help [US/YOUR DIALYSIS FACILITY] improve the quality of services [WE PROVIDE/IT PROVIDES] to patients like you.

8. Can you call me back later?

Yes, I would be happy to schedule a time to call you back at a more convenient time.

9. How do I know that what I tell you is confidential?

Every person working on this project signs a confidentiality agreement. That means that we promise to keep information about you and the responses that you give us completely confidential. No one outside of the project will have access to the information you provide. [IF STAFF DID NOT SIGN A CONFIDENTIALITY AGREEMENT, PROVIDE A DIFFERENT, APPROPRIATE RESPONSE.]

10. How did you get my name?

[PROVIDE A RESPONSE APPROPRIATE TO YOUR STUDY; SEE THE FOLLOWING FOR AN EXAMPLE.]

Your dialysis center was selected at random by the Centers for Medicare & Medicaid Services to participate in this study. We then randomly selected over 3,000 patients from these centers to participate in this study. Your name was provided to us by the Centers for Medicare & Medicaid Services.

11. Does my doctor know you are calling me?

[PROVIDE A RESPONSE APPROPRIATE TO YOUR STUDY; SEE THE FOLLOWING FOR AN EXAMPLE.]

All of the dialysis centers involved in this study were notified in writing by CMS about the study. The facilities may or may not have informed your doctor about the study. However, neither the doctors nor anyone at the dialysis center knows which patients were selected to participate.

12. What will you ask me to do?

I will ask you to answer questions about your kidney doctors, the dialysis center staff, and the dialysis care you receive. These questions should take about [NUMBER OF MINUTES] minutes. There are no right or wrong answers to these questions; I will just ask for your opinion.

13. What kinds of questions will you be asking?

I will ask you questions about the care you have been receiving from your kidney doctors, the dialysis center staff, and the dialysis center.

14. What happens to the information I give you?

[PROVIDE A RESPONSE APPROPRIATE TO YOUR STUDY; SEE THE FOLLOWING FOR AN EXAMPLE.]

Your information will be combined with the information given to us by other study respondents. We will then produce a report for CMS and for the dialysis centers that gives them summary information about the results of the study. We hope this information will help them improve the services they provide.

15. Can someone else do the interview for me?

We are interested in the dialysis care that you have received and also in your opinion about your doctors, dialysis center staff, and the center. Only you can give us this information.

16. How many people are you interviewing?

[PROVIDE A RESPONSE APPROPRIATE TO YOUR STUDY; SEE THE FOLLOWING FOR AN EXAMPLE.]

We are interviewing over 3,000 dialysis patients from over 30 dialysis centers across the country.

17. How long will the study last?

This phase of the study is expected to last about [DURATION].

18. Who can I call if I have any questions about this study?

You can call [CONTACT NAME], the [CONTACT PERSON'S TITLE], toll free at XXX-XXX-XXXX.